

## Complete Summary

---

### TITLE

Benzodiazepines: percentage of patients aged 75 years or older with prescription(s) for two or more benzodiazepines or prescriptions for greater than a 30-day supply of medication.

### SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 75 years or older with prescription(s) for two or more benzodiazepines or prescriptions for greater than a 30-day supply of medication.

### RATIONALE

The potential side effects of certain medications in older adults have been well described. To avoid these side effects it has been suggested that older patients should not be prescribed certain drugs, or if these drugs are indeed prescribed to these patients it should be done with extreme caution. Benzodiazepines are a group of drugs to which this caution applies. In particular, long-term use of these drugs is not recommended for older patients.

## PRIMARY CLINICAL COMPONENT

Older adults; benzodiazepines; inappropriate prescribing

## DENOMINATOR DESCRIPTION

Patients aged 75 years or older assigned to a family physician (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## NUMERATOR DESCRIPTION

Number of patients from the denominator with prescription(s) for two or more benzodiazepines or prescriptions for greater than a 30-day supply of medication

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance  
Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age greater than or equal to 75 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

One Quebec study estimated that 31% of the older population in Quebec received benzodiazepines for more than 30 consecutive days. The prevalence of inappropriate prescribing was higher for female patients than for males.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Tamblyn RM, McLeod PJ, Abrahamowicz M, Monette J, Gayton DC, Berkson L, Dauphinee WD, Grad RM, Huang AR, Isaac LM, et al. Questionable prescribing for elderly patients in Quebec. CMAJ 1994 Jun 1; 150(11): 1801-9. [PubMed](#)

### ASSOCIATION WITH VULNERABLE POPULATIONS

See "Incidence/Prevalence" field.

### BURDEN OF ILLNESS

Unspecified

### UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

Safety

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Patients aged 75 years or older assigned to a family physician (see the "Denominator Inclusions/Exclusions" field)

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusion

Patients aged 75 years or older assigned\* to a family physician

\*A patient is allocated to the physician with the most visits (as defined by cost). In the case of a tie, the patient is allocated to the physician with the greatest total cost. Total cost calculations include direct care (i.e., visits) and indirect care (i.e., referrals to other physicians or for services such as lab tests and x-rays).

#### Exclusion

Personal care home residents

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

#### DENOMINATOR TIME WINDOW

Time window is a single point in time

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Number of patients from the denominator with prescription(s) for two or more benzodiazepines or prescriptions for greater than a 30-day supply of medication

##### Exclusions

Unspecified

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data

Registry data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a lower score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

## STANDARD OF COMPARISON

External comparison at a point in time

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

## ORIGINAL TITLE

Potentially inappropriate prescribing of benzodiazepines for older adults.

## MEASURE COLLECTION

[Indicators of Quality in Family Practice](#)

## MEASURE SET NAME

[Acute & Chronic Disease Management](#)

## DEVELOPER

Manitoba Centre for Health Policy

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2004 Mar

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

#### MEASURE AVAILABILITY

The individual measure, "Potentially Inappropriate Prescribing of Benzodiazepines for Older Adults," is published in "Using Administrative Data to Develop Indicators of Quality in Family Practice." This document is available in Portable Document Format (PDF) from the [Manitoba Centre for Health Policy Web site](http://www.manitoba.ca/centres/mchp).

For further information, contact: Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, 4th Floor, Room 408, 727 McDermot Ave, Winnipeg, Manitoba R3E 3P5; telephone: (204) 789-3819; fax: (204) 789-3910; Web site: [www.umanitoba.ca/centres/mchp](http://www.umanitoba.ca/centres/mchp).

#### NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2006. The information was verified by the measure developer on May 1, 2006.

#### COPYRIGHT STATEMENT

No copyright restrictions apply.

© 2006 National Quality Measures Clearinghouse

Date Modified: 8/21/2006

**FIRSTGOV**

